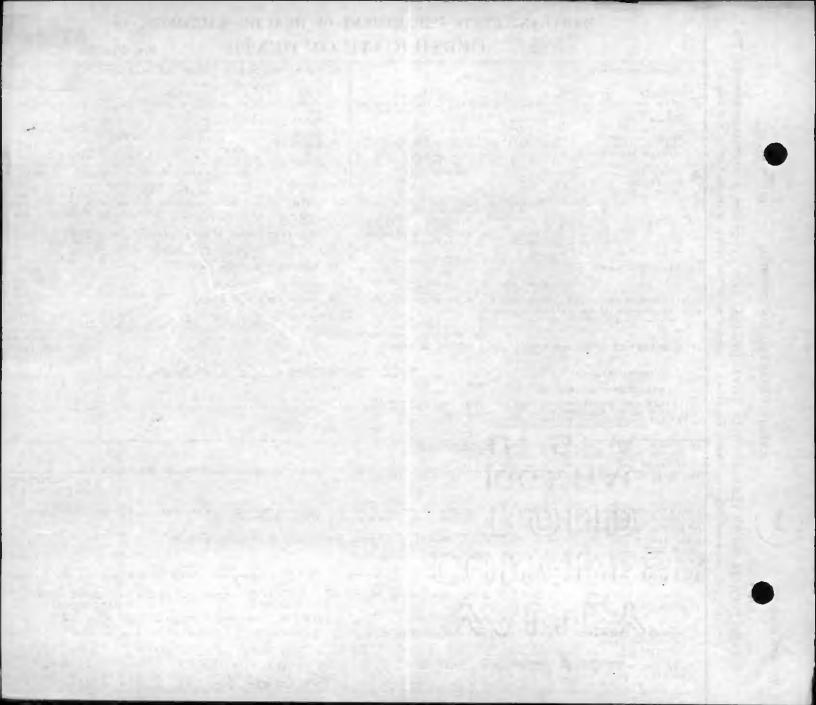
Maryland ADDRESS

Paul Street

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY HOWARD MARYLAND	Maryland county
CITY (if outside corporate limits, write RURAL Corporate limits, write RURAL (in this place)  X TOWN Ellicott City	
90 STREET ADDRESS Retreat, Montgomery Road	STREET (If rural give location)
	BENNETT 4. DATE (Month) (Day) (Year) OF DEATH: AUGUST 14, 19 55
RACE: WIDOWED, DIVORCED.	28, 1856  9. AGE last birthday IF UNDER LYEAR IF UNDER E4 HRE 28, 1856  9. AGE last birthday IF UNDER LYEAR IF UNDER E4 HRE Months Days Hours Min
Work done during most of working life.  even if retired: Unknown	Baltimore, Maryland U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Patrick H. Bennett	Sophia Farnham
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (if Yes, kive war or dates of service)	Bessie Herchenhahn, 2716 N. Howard
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A CONTRACTOR OF THE CONTRACTOR
HARALINE CAUSE ANTECEDENT CAUSE (S: DUE TO	abothe CV diseion ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, for OR CONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	rtory. 21c. WHERE DID   City or town) (County) (State) , etc.   INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE: While Not while at work	D   21F. HOW DID INJURY OCCUR?
22 I hereby carfify that I uttended the deceased from	2. 10 42 to Q 10 (2" that I last any the decree



### MARYLAND STATE DEPARTMENT OF HEALTH

73 15

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
HOWAT O MARYLAND	Mary and Prince Year
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neargat town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN  (in this place)  4 Real Tags	TOWN BETWEEN 16x-2
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS OF 4 2 Wood have	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year
(Type or Print) Margaret Jane	Bewley DEATH Queust 3. 1955
6 SEX 16 COLOR OF RACE 17 SINGLE MARRIED	S. DATE OF BIRTH   9. AGE last birthday   II under 1 year   II under 24 h
WIDOWED, DIVORCED,	Months Days Hours Mit
10a, USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHA
done during most of working life, even if retired) INDUSTRY	D LIL W O C   COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
a total	11 1 2 2 11
15. WAS DEURASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
(Yes, no, ogunknown) [11] yes, give war or dates of	17. INFORMANT DAND ADDRESS
Unik - service) - Unik -	mrs John Dewley, IT 2 Wood Dine Inc
18. MEDICAL CE	RTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
1/221	Myocardites. 3mos
Immediate cause (a)	July caracters 1
Antecedent cause(s)	MA
Diseases or conditions, if any, (b)	derores Times
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
L -	Yes D No P
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	
TIME (Mouth) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  While at Not While Work At work	
	- 81-
22. I hereby certify that I attended the deceased from 6/25	, 1955, to 7/30 , 1955, that I last saw the deceased
	G
	9.30 d.m., from the causes and on the date stated above.
SIGNATURE (Page or title)	ADDRESS DATE SIGNED
HIVE MO	Danse 5/0 1 8/3/55
23 BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DREMOVAL (Specify)	Lateratta ill med
CDATE RECD BY/LOCAL   REGISTRAR'S SIGNATURE.	24. FUNERAL DIRECTOR // ADDRESS
REGIERT 6 Kis & Pearl Meners	Claret Therend Then The THE THE
The state of the s	Visite promote the state of the state of the

nformation carefully. The correct age

FLAINLY, WITH UNFADING INK. Supply every item of information careful, especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A15

PLEASE WRIT

BUREAU V. S.

SEE & 1922 DECEDAED

### MARYLAND STATE DEPARTMENT OF HEALTH

7305

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

I. PLACE OF DEAT	LH.		2. USUAL RESIDENCE	(HOME) OF DECEASE	D.	
County		MARYLAND	STATE Marylan		COUNTY	
CITY (If outside	corporate limita arrita DIID	AL and   LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURA	Land give near	rest town)
X TOWN give neares	Ellicott City	(in this place)	OR TOWN Ellicot			W. SOWIJ
HOSPITAL OR			STREET	(If rural, give lo	antion)	
Of STREET ADDR	ess Columbia Roa	d	ADDRESS	olumbia Road	- (a(0)1)	1
S. NAME OF	(First)	(Middle)	(Last)		onth) (Day	y) (Year)
(Type or Print)	BARBARA I	ORETTA BLANEY		OF		,, ,,,,,,
6. SEX	6. COLOR OR RACE	ORETTA BLANEY 7. SINGLE, MARRIED.	S. DATE OF BIRTH	9. AGE last hirthday	10-55	19
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	10-7-1868	86 yrs.	Months Days	Hours Min.
10a. USUAL OCCU	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State			ZEN OF WHAT
		None	Catonsville .M	d	COUNT	mY?
13. FATHER'S NA	ME	11,000	14. MOTHER'S MAIDE	N NAME		
George	Schatz		Margaret Be	tzold		
15. WAS DECKASED I	EVER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
NO NO	) (If yes, give war or dates of nervice)	None	Isabelle Barg		3 + sr 163	
		18. MEDICAL CE			AN Y S WALL	-
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTE	HVAL BETWEEN
			. , .		Ong	ET AND DEATH
1/20 Immedia	(a)	acute Cordia	e tarluse		12	-hre
		arteroscher	4	17 4 17 Section Section 140	1.00	and a contract of the contract
Antecede	enf cause(s)	arterios clero	tre heur of de	26654	3	A MINTE
giving rise	conditions, if any, (b)	Comment of the control of the contro			1400 11 11 1194 MEN 07 97 1	
stating the	underlying cause last					
	(e)				f	
Conditions contrib	CANT CONDITIONS outing to the death but not					
	ase or condition causing deat	INDINGS OF OPERATION			1	
	2001	ZATORIAGO ON OR EMERICAN			29.	AUTOPSY1
21. ACCIDENT	(9	TEN ATT				No X
SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	OUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	□.	While at Not While Work At work				
		1.4-				
22. I hereby cer	tify that I attended the	deceased from	, 19.46, to	19 that	I last saw th	horanned a
	019 55					
alive on	, 19, an	d that death occurred at/		causes and on the	date stated s	above.
SIGNATURE	11-11	(Degree or title)	ADDRESS		DA	TE SIGNED
a	racks S. Wh	Notes, M.O.	dorles vill.		81	10155
23. BURIAL, CREM	MATION   DATE THEREO	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	, or county)	(State)
REMOVAL (Spe	8-13-55	New Cathedr		Baltimore.		
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	OR .		DRESS
	55 John C.	3. Loughran.	F.C. Higinboth	m.Ellicott C	ity.Md.	
	10	n 8 4d				
0	1 P.	1h + 10				

The correct age PLAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

福

VS. A15

PLEASE WRIT

BECEINED

BUREAU V. S.

Items 7 11 13 14 24 Films 185 8-1	5-55 et Item 14 FilmG185 8-17-55 et 07812 HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	HEALTH—BALTIMORE, 18 Reg. Dist.  CTIFICATE OF DEATH No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Howard MARYLAND	STATE Tenn COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN La Follette 79x-3
HOSPITAL OR INSTITUTION OR Rt. 103 500 feet north of STREET ADDRESS Meadowridge Road.	STREET (If rural, give location)
	3 (Nonth) (Day) (Year) OF DEATH Aug. 1,1955 19
Male White Widowed, Divorced, (Specify): Single 8-3.	E OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR   IF UNDER 24 HRS.  1-35  Nonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  U.S. ATMY	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Campbell Co., Tenn. U.S.A.
13. FATHER'S NAME: Henry Comer	14. MOTHER'S MAIDEN NAME:  Josephine Ivey
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Wartin Funeral Home, Lake City, Tenn.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	al CERTIFICATION  burns upper half of body & head  Instant  Instant
(c)	re of left femur
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yea □ No □
21a. EXTERNAL CAUSE WAS PRIMARY [Aor CONTRIBUTING   OF street, office bldg., etc. CAUSE OF DEATH.   21b. PLACE (Home, farm, factory of street, office bldg., etc.	Ellicott City Howard Md
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 8-1-55 9.58 P M. While at work at work X	1 21f. HOW DID INJURY OCCUR? Car left road struck
find that death resulted from: Natural causes [], Acci signifure  Signifure  Lingley Ellicott City, Md.	bed above, held an Autopsy [], Inspection [K Inquiry [K, and dent [K], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  Ballots
23.MURIAL, CREMATION, DAYE THEREOF NAME OF CEMETER PROBLEM 1 8-5-55  DATE REC'D BY LOCAL   REMSTRAR'S SIGNATURE	RY OR CREMATORY LOCATION (City, town, or county) (State)  LaFollette, Tenn.  ADDRESS

Funeral Home, Take City,

John dougheran

SECELACIO

100

-		
-		
	10 - 53	
	A15 —	

	maryland state department 78 3 CERTIFICATE		07813	
Š	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	;	
clearly and legibly	COUNTY HOWARD  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  X TOWN Ellicott City 3 days	STATE Maryland COUNTY CITY If outside corporate limits, write RURAL and COUNTY TOWN Baltimore 29	Balto, nd give nearest town)  3 X - 2	
	HOSPITAL OR INSTITUTION OR Taylor Manor Hospital	STREET (If rural give location) ADDRESS 112 Malbrook Road		
demth c	(Type or Print) Ferdinand JOHN De	ichmiller DEATH: August	(Year) 22 1955	
the causes of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. 8. DATE	28, 1892  11. BIRTHPLACE (State or (oreign country): 12.	ays Hours   Min.	
	John Deichmiller	Tatkerine Engelhau	ipr.	
B write	(Yes, no, or unk.) (If Yes, give war or dates of service) 10. SOCIAL SECURITY NO.	Lillian 6 Deschmiller !!	Malbrook	
of service)  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
Ω.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
ans:	DUE TO	dial Infarction	45 min.	
Physicians:	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  ON ARTERIOSCIETOTIC Cardiovascular dis. ? SeV.)			
4	(C) ===			
rtar	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Agitate	ed depression	2 mos.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20			20. AUTOPSY? YES NO	
ecially	Durial Date REGIO BY LOCAL   RESISTAR'S SIGNATURE 24. PONEBAL DIRECTOR ADDRESS			
4				
rect				
100				
	REGISTRAR 3/55 M-M- HEARINGS	John F. Verifel 5311 Educa	ndson he	

THE RESERVE OF STREET, and the second state of the second state of

07815

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	v
HGWATO MARYLAND	STATE Maryland COUNT	
CITY (If outside corporate limits, write RURAL and   LENGTH OF ST		ve nearest town)
OR givo nearest town licott City (in this place	OR TOWN Baltimore	3 VOI_ 11
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Highland Manor Nursing	Home ADDRESS 2838 Edmondson Aven	ue 🗸
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) James T.	Gooking DEATH August	24 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year   If under 24 hrs.
Male White (Specify) Widowe	r Jan. 16. 1864 91 yrs. Montas	Days Hours Min.
	OR 1 11. BIRTHPLACE (State or foreign country) 1 1:	2. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Innustry Donut Corp. of	Amer Northumberland. Pa.	Countray
13. FATHER'S NAME	I4. MOTHER'S MAIDEN NAME	0 9 31
William Gaskins	Rebecca M. MacGregor	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	D. 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (Il yes, give war or dates of service)		ondson Ave
	L CERTIFICATION	OMUSOM AVO
	W WHITE SECTION OF THE SECTION OF TH	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	ONSET AND DEATH
610 X Immediate cause (a) Usinic	Coma	welk
Antecedent cause(5) Rile 104.	11 1 1 1 1 1 1 1	7
Diseases or conditions, if any, (b)	Mydronephus:	*
giving rise to the above cause stating the underlying cause last	0'	
(c) Dentago	bowstaki Hyper to pley	13-3410.
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.	<b>'</b>	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	)N	20. AUTOPSYT
21. ACCIDENT (Specify) PLACE (Home, farm, factory, at	reet. (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(0001111)	(6) 222 2 207
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF NJURY  While at Not While Work At work		
	1	
22. I hereby certify that I attended the deceased from	7 1955, to 8/24, 1955, that I last a	aw the deceased
alive on 2/17 1951, and that death occurred	at 1.35 Am. from the causes and on the date st	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Than I mille and	4226 BOIY. NAT. PILLE	8/20/01
, , , , ,		1,1111
REMOVAL (Specify	ETERY OR CREMATORY LOCATION (City, town, or coun	
Buris   Aug. 26, 1955 Woo	dlawn Baltimore Co.,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	G. Howard Strong 3207 W.	North Ave
j.	- WYTON F. MIRACIK	
	/ TUBUCC	

VS. A15



## 731 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

## CERTIFICATE OF DEATH

Reg. Dist. No. 1.9.1

	II A MULLIA DEPOSITE PROPERTY OF STREET, CHES
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE Maryland COUNTROWARD
Howard Maryland	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this piace)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
X TOWN Ellicott Lity	TOWN Ellicott City X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
IT STREET ADDRESS Old Frederick Road	Old Frederick Road
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) MINOTIA	HARBIN OF August 24,1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1 8. DATE OF BIRTH 1 9. AGE last birthday   If under 1 year   If under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Married	Months   Dava   Hours   Min.
remale   White   (Specify) Marrico   10n, USUAL OCCUPATION (Give kind of work   10b, Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Virginia Country?
At Home None	14. MOTHER'S MAIDEN NAME
George Cowan	Mary Cassel
15. WAS DECEATED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dates of NOne	George Harbin, Ellicott City, Md.
None service) None	deorge naroth, Elittoot oldy, ma.
LS. MEDICAL CI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONEET AND DEATH
The second secon	1 4 1 1 1 1 1 1
Immediate cause (a) Cutteriose	Perotic Cardio Vasenda 2 year
	phanes /
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	The second secon
stating the underlying cause last	
d office exchange on the confidence	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
194. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	! Yen □ No M
21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY m, Work At work	
7/,	Q 0/211 55
22. I hereby certify that I attended the deceased from/./	, 1953, to 8/24, 1955, that I last saw the deceased
8/24 10.55 and that double assured at	m., from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED
0 12 129	con a cot ), a colo 1/5
Gerot & Burglost. M.N	Ellust ley . ma. 0/20/50
23. BUMIAL CREMATION DATE THEREOF NAME OF CEMETI REMOVAL (Seedly)	CRY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Seedly) Rurial 8-27-55 Good She	pherd Ellicott City, Md
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
ang 27, 1955 John B. Lunghan.	F.C. Higinbothom, Ellicott City, Md.
1 Per. B.E. X1	

PLAINLY, WITH UNFADING INK. Supply every item of information careful., is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRIT VS. A15

The correct age

ř.

SEE :

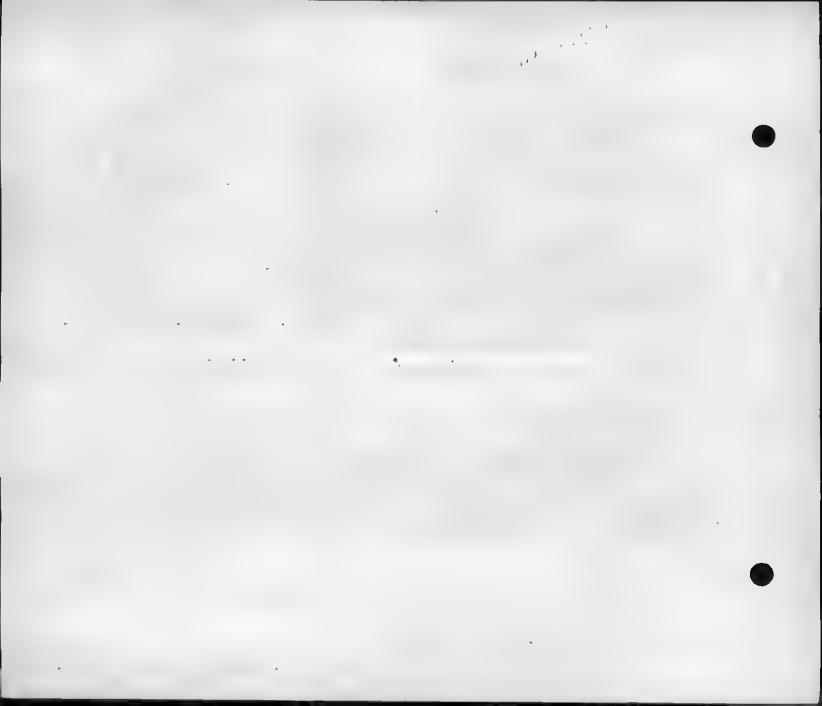


# 7811 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEAT	TH-			(HOME) OF DECEASED.	Thimy
COUNTY He	oward	MARYLAND	STATE Mary	land	UNTY
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY		rate limits, write RURAL a	nd give nearest town)
Y OR give neares	Ellicott C	ity (in this place)	OR Balt:	imore	3 VOI-4
HOSPITAL OR			STREET	(If rural, give locati	on)
INSTITUTION C		rsing Home	ADDRESS 1314 1	E.Belvedere Ave	<b>√</b>
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month	
DECEASED (Type or Print)	Nora	C.	Heath	OF Aug	13 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   If	under. I year   If under 24 hrs
F	W	WIDOWED, DWORCED, (Specify)	TAN.9-1868	87 yrs. M	onths. Days Hours Min.
10a. USUAL OCCUI	ATION (Give kind of work		11. BIRTHPLACE (State	or (oreign country)	12. CITIZEN OF WHAT COUNTRY?
Practical N	working life, even if retired)	INDUSTRY	Balto Md.		COUNTRY
13. FATHER'S NAM	4E		14. MOTHER'S MAIDE	N NAME	
Edwin H.He:	ath		Sarah R.		
15. WAS DECEASED I	IVER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(res, no, or unknown)	(If year, give war or dates service)	Dr.	Walter R. Heath	1314 E.Belvede	re Ave.
					INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH		. ,	ONSET AND DEATH
33/X		C. O. P. 11.	n cular Assis	lu X	2 days
Immedia	te cause (a)	Cervice Vo	y com		- 2-13
Antacade	ent cause(s)				
giving rise	conditions, if any, (b)				'
stating the	underlying cause last (c)				an 44
II. OTHER SIGNIF	TCANT CONDITIONS outing to the death but not				
related to the disc	ase or condition causing dea				1
19a, DATE OF OP	ERATION 196. MAJOR	FINDINGS OF OPERATION	4 6	,	20. AUTOPSY?
			165		Yes 🖸 No 🗅
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	NTY) (STATE)
HOMICIDE	INJ	URY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR	
INJURY	m.	Work At work	<u> </u>	1	
		5/15	1055 4 81	13 , 15 5 , that I !	bareagah adi maa taa
22. I hereby cer	tify that I attended th	ie deceased from	, 19. <sup>3</sup> .2., to	, 17, that I i	ast saw the deceased
alive on	8/11 195 ai	nd that death occurred at	m., from the	e causes and op the da	ite stated above.
SIGNATURE	11. 1	(Degree or title)	ADDRESS	VAT BULL	DATE SIGNED
	may !	mues m	1466 13411	, PAIN 1 / COL	8/17/33
23. BURIAL, CREM	milus:		RY OR CREMATORY	LOCATION (City, town, or	
Burial (Spe	AUZALS			Baltimore Mo	l.
DATE REC'D BY REG.	. 1	1. / 1	24. FUNERAL DIRECT	OR	ADDRESS
REG.	- ( SI 17 W/	1 text is	Leonard J.Ruck.	Inc. 530 5 Har	ford Rd.

Dure



(Dav)

COUNTRY?

(Year)

USA

INTERVAL BETWEEN

ONSET AND DEATE

21. ACCIDENT

SUICIDE HOMICIDE

INJURY

(Specify)

(Hour)

TIME (Month) (Day) (Year)

Reg. Dist. No.

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY OCCURRED

While at

20. AUTOPSY? Yes [] No [ (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR! 

LOCATION (City, town, or county) DATE NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION REMOVAL (Specify) /Sept.2. Oak Lawn Cemetery Baltimore, Maryland

DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS REG, Leonard J. Ruck, 5305 Harford Road # 14

"Church Th.

\_ ÷ ·

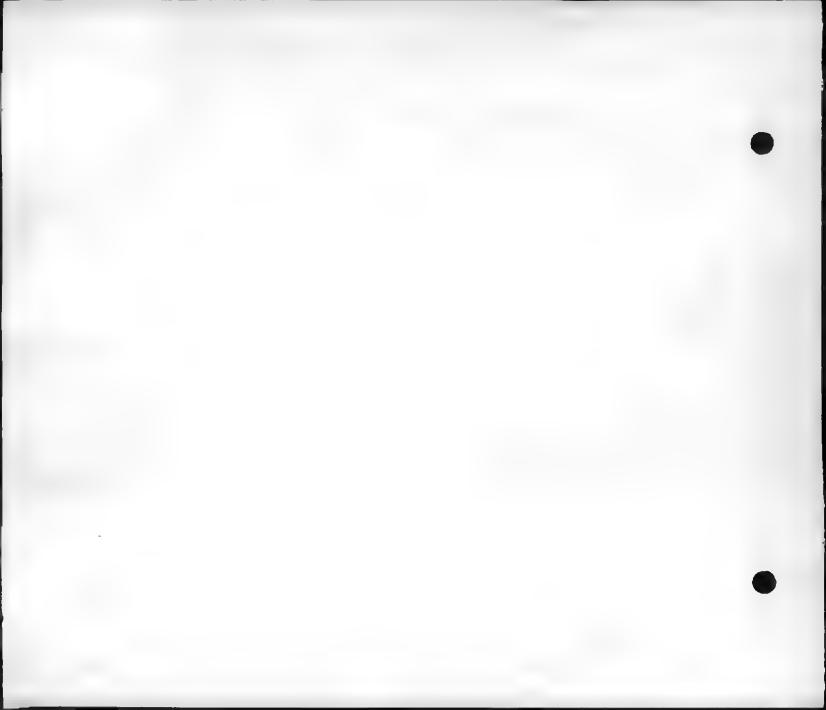
A15-10-53

MARGIN RESERVED FOR BINDING

### 0 7820 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

	CERTIFICATE	Reg. Dist. No.
jed.	(Type or Print) Joyal C. Kveller	2. DATE OF DEATH DEATH 13, 1981
in and	B. FULL NAME OF (If not in hospital or institution, give street address o	4, USUAL RESIDENCE (Where deceased lived. If institution: residence attitude B. COUNTY before admission)
	HOSPITAL OR INSTITUTION High and Mann Nawin Home	Balkerns 3 VO 1- township
be careful d legibly.	c. Length of stay in Baltimore 60 yrs Mos.  5. SEX   6 COLOR OR RACE   7. SINGLE, MARRIED.	
2 2	M WIDOWED, DIVORCED (Specify	6/3/97 60
information shous of death clearly	10a. USUAL OCCUPATION (Givekind of 10b. KIND OF BUSINESS OR Work done during most of working life, even if retired)  Handy man Grandview Inn	11. BIRTHPLACE (State or foreign country)  Ponnsylvania  12. CITIZEN OF WHAT COUNTRY?
ath	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
de	Alexander Kreeger	Amolia Garrisna
inf	15. WAS DECEADED EVER .N U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
em of i	No 215-22-3179	Joseph P. Freeger 8105 Rayburn Road
Cal	18. 420.0 1 CAUSE	OF DEATH Bethesda, Maryland INTERVAL BETWEEN ONSET AND DEATH
y it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4 hu searded Onlawhing enmedels
Every ite	(This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	STATE OF STA
		endreless for Heart Mis.
INK.	Z DISEASES OR CONDITIONS, IF ANY, GIVING	world to provide the
E d	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
IN	(c)	DIRECTOR OF THE THE THEOREM H. WARREST THE THEOREM SHE
UNFADING Physicians:	L II	
hys	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPE	RATION [20, AUTOPSY?
PLAINITH		VES NO
ZZ	216. TIME (Month) (Day, (Year) (Your) 216. INJURY OCCURR	The state of the s
PLAIN	to WORK AT WORK	
	The state of the s	1955, to Ang 13, 1951, that I last saw the
WRITE e is esp	deceased alive on 195, and that death ocew	and the date of the date state above.
ge is	leg 1 will M.D.	SZZE BACT. NAY. PIK-C 23C. DATE SIGNED
BE 1	24A. BURIAL, CREMA- 249 DATE . 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE correct a	Burial August 17 1955 Druid Ridge	emetery Pikesville, Maryland
PL	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
F		6 elsworth Un macos



Mrs. Mary C. Lizi Royte 3, Mt. Airy, Md. INTERVAL BETWEEN ONSET AND DEATH About 2 4ears **AUTOPSY?** 20. NO (County) (State) ., 1957, to . #ug..., 1955, that I last saw the deceased . 1955, and that death occurred at 11 30 A.M. from the causes and on the date stated above. NAME OF CEMETERY -23. BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) Airy Maryland Pine Grove 24. FUNERAL DIRECTOR DATE RECED BY LOCAL ADDRESS C. M. Waltz. Winfield. Md.

(Year)

1955

CITIZEN OF WHAT

COUNTRY?

27

DRYE

SEP 7 SEP

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

7315

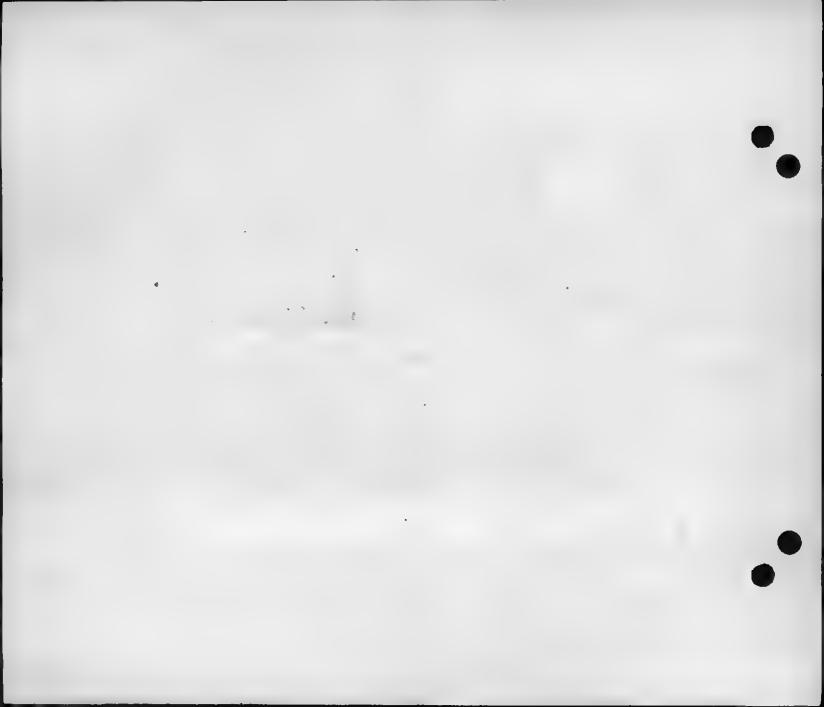
2411 N. Charles Street, Baltimore

07822

## CERTIFICATE OF DEATH

Reg. Dist. No.....

Howard	
1. PLACE OF REATH COUNTY LIGHT MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CTTY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest found) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ballo 3/0/-4
90 INSTITUTION OR STREET ADDRESS CONTROL LONGER LONG	ADDRESS, 718 N. Bradford St.
3. NAME OF (Élest) (Middle) DECENSED (Type or Print) Amazon Managon	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (LICE S/2) 1958
5, SEX 6. COLAR OR RACE 7. SINGED, MARRIED. WIDOWED, DINGREED, (Specify) Wild artir	DATE OF BIRTH 2. AGE last birthday lighter 1 year Months Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Appustry	OI. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
John B. Weiman	Laura V Everett
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	mon Mason 1718 MBraslord it
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (8) Grellel U	lose. Recident
Immediate cause (a)	The second of th
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	aterio selevsis
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?
	, 19.55, to 8/34, 19.55, that I last saw the deceased
alive on8/26, 19.55, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS nom the causes and on the date stated above.  ADDRESS DATE SIGNED
Char of time (1) 522	6 Balt Not 4/4 8/31/58
Burial Sent 3rd 955 915 este	an CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	P FUNERAL DIRECTOR ADDRESS
9-2651 1.40 11 11 11 11 11 11	out Just the land of the san Jack



Reg. Dist.

(Dav)

16

No. / 9./

(Year)

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Instant

20. AUTOPSY? Yes No 1

DATE SIGNED

ADDRESS

Washington

8-16-55

(State)

COUNTRY?

1955

e t Ţ t

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Howard
CITY(If outside torporate limits, write RURAL and give nearest town) COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) TOWN Brookville TOWN (Bural Brookville (rihal STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS Glerwood STREET ADDRESS Clarmrood (Middle) (Last) 3. NAME OF (First) DATE (Month) (Year) DECEASED: OF (Type or Print) DEATH: SINGLE, CHARRIED 5. SEX: COLOR OR BIRTH: 9. AGE last birthday IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED. Months Dava Hours (Specify): June 20,1885 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life, OR INDUSTRY: even if retired) : armer Farm Owner North Carolina 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Mary Johnson Hiram J. Pipes 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO. (Yes, no or unk.) (If Yes, give war or dates Nerva Pipes . Brookville , Md of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, 198. MAJOR FINDINGS OF OPERATION 194. DATE OF OPERATION: I 20. AUTOPSY

MARGIN RESERVED

legibly.

clearly

information

item of

every

Supply

ADING

UNE

WITH

PLAINLY.

WRITE

K

TYPE

EASE

FOR

21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) While OF INJURY at work at work

Not while

218. PLACE (Home, farm, factory.

OF INJURY street, office bldg., etc.

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

, 19.52, to My

22. I hereby certify that I attended the deceased from , 19.6.7., and that death occurred at //20 MM, from the causes and on the date stated above.

ADDRESS .

DATE SIGNED LOCATION (City, town, or county)

. 1955, that I last saw the deceased

YES

(County)

(State)

23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) AUG. 201955

Alpha Md. 24. FUNERAL DIRECTOR

21c. WHERE DID (City or town)

ADDRESS

DATE REC'D BY LOCAL REGISTRAR

21A. ACCIDENT WAS UNDERLYING ...

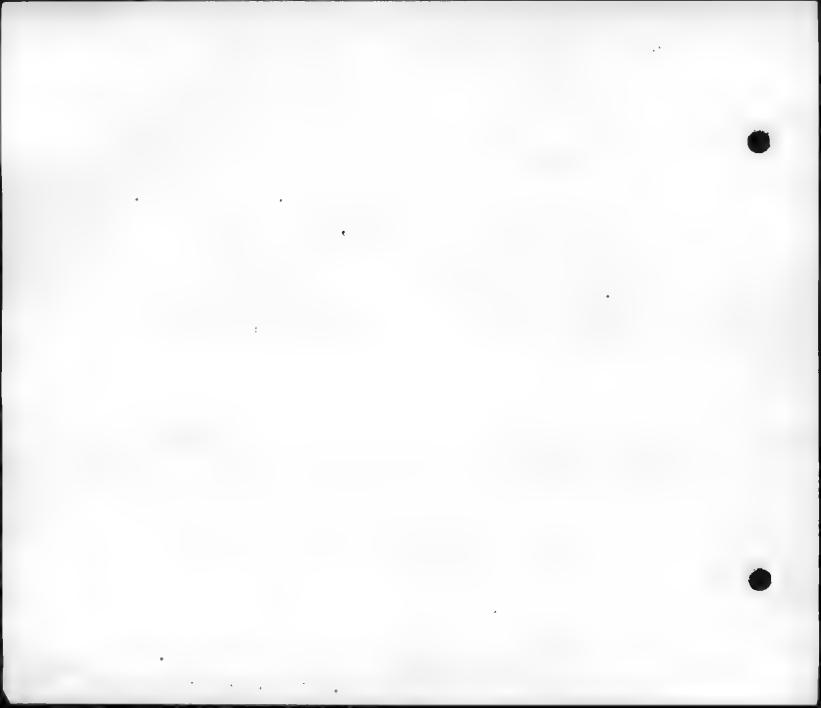
(IF EITHER, NOTIFY MEDICAL EXAMINER)

alive on . 15/

SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

F.C. Higinbothom, Ellicott City. Md



illy. The correct egibly.

UNFADING INK. Supply every Item of information Physicians: please write the causes of death clearly

PLAINLY, WITH pecially important.

PLEASE WRI

A15A - 5 - 53

VS.

ARGIN RESERVED FOR BINDING

No. 192

()7826 Reg. Dist.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Howard MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)  TOWNMARYIOTTSVILLE	CITY (If outside corporate limits write RURAL and give nesrest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR I mile east of Marriottaville STREET ADDRESS ON South branch Patango	STREET (If rural, give location) 708 S. Ponca St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) WAYRE VERNON TEETS	DEATH August 7.1955 19
5. SEX:  6. COLOR OR RACE: Widowed, Divorced, (Specify): Married  6. COLOR OR WIDOWED, DIVORCED, AUG	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  24. 1932 22 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retire ody builder automobile	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Teil Teets	Evelyn Netting
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: (Yes, no, or unk,) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
servicely by 33	rs Evelyn Teets, R.D.2. Kingwood, W. Va.
	AL CERTIFICATION INTERVAL RETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	
Immediate cause (a) #Sphy XI a tro	on (der 2004) Unstand Ment
DUE TO	The state of the s
Antecedent cause(s)	
Diseases or conditions, if any, (b)	one and not, not being a training an emptympt tennal present measure
giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY
	Yes No DX
21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH  21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURYPACEDSCO Rive	nea '
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	Marriottavilla   Howard   Ho
INJURY 8-7-1955 1.15 R work at work	Driving Swimming Patapaco River
	ed above, held an Autopsy [], Inspection [], Inquiry [], and
	lent X, Suicide , Homicide , Undetermined cause .
Charles S. 2 la Takes, Clarksville, Md.	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER B. 1.55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CLIMETER REMOVAL (Specify):	Y OR CREMATORY   LOCATION (City, town, or county) (State)
136RIAC 1710-53-197-1710R	117H KINGWOOD WIVA
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
THE STATE OF THE S	The state of the s



on carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 197827

17010	CERTIFICATE	OF	DEATH	
7319	CERTIFICATE	O.F.	DEATH	

Reg. Dist. No.

COUNTY HOWARD  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR AND GOVERNOON BY COUNTY (in this place))  OR and give nearest town)  TOWN ELRIDGE  MOSPITAL OR INSTITUTION OR INSTITUTION OF STREET (II rural give location)  STREET ADDRESS  5800 OLD WASHINGTON BLVD,  STREET (II rural give location)  ADATE (Month)  STREET (II rural give location)  ADATE (Month)  SEX. (C. COLOR OR 7. SINGLE MARKED. WIDOWED BLOWDOOD BLOWD	- 513					
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN BURNINGS OR and give nearest town) TOWN BURNINGS TOWN BURN BURNINGS TOWN BURNINGS	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN BURNINGS OR and give nearest town) TOWN BURNINGS TOWN BURN BURNINGS TOWN BURNINGS	COUNTY HOWARD MARYLAND	STATE MARYLAND COUNTY HOWARD				
TOWN BLRIDGE    NON BLRIDGE   TOWN BLRIDGE   TOWN BLYD	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)				
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5800 OLD WASHINGTON BLVD.   STREET ADDRESS 5800 OLD WASHINGTON BLVD.	A CONTRACTOR OF THE PARTY OF TH					
INTITUTION OF STREET ADDRESS  5800 OLD WASHINGTON BLVD.  1. NAME OF FIRST (First) (Middle) (Last) 4. DATE (Menth) (Day) (Year)  DECEASED: (Type or Print) GRACE AGNEW TOOMEY  5. SEX: GRACE AGNEW TOOMEY  6. COLOR OR [7: SINGLE, MARRIED OF BIRTH: 9. AGE last birthday [1: UNDER LYEAR   1: UNDER LYE						
NAME OF OBCASED.    Control   Contro	INSTITUTION OR	ADDRESS				
DECASED:  OTHER SIGNIFICANT CONDITIONS DIRECTLY LEADING TO DEATH  IDECASES OR CONDITIONS, IF ANY,  GIVEN RISE TO THE ABOVE CAUSE  STATING UNDERLYING OF PRINTING OF PREATION  IS SEX:  S. COLOR OR 7. SINGLE, MARRIED. Specify) Widowed  February 19, 1881  Part 19, 1881  Permale Winite  Specify) Widowed  February 19, 1881  The worse is the worse is the sex of foreign country): 12, CITIZEN OF WHAT were if retired): 10.8 kind of Business  II. BIRTHPLACE (State or foreign country): 12, CITIZEN OF WHAT were if retired): Housewife  I. Housewife  I. Housewife  I. Housewife  I. MOTHER'S MAIDEN NAME:  II. INFORMANT & ADDRESS:  II. MOTHER'S MAIDEN NAME:  III. MO	2000 OFD MESHINGION DRAD!					
(A)  Other Significant Conditions directly Leading to Death  Other Station Cause  Other Station Cause  Other Station Cause Cause  Other Station Cause Cause  Other Station Cause Cause  Other Station Cau		OF				
Pemale White (Specify) Widowed February 19,1881 74 yrs.  White (Specify) Widowed February 19,1881 74 yrs.  DIA LIVIAL OCCUPATION (Give kind of working life, even (I retired): Housewife and working mide of working life, even (I retired): Housewife Baltimore, Maryland U.S.A.  3. FATHER'S NAME:  Thomas A. Agnew Mary Ann Martin  14. MOTHER'S MAIDEN NAME:  Thomas A. Agnew Mary Ann Martin  15. NEDICAL CERTIFICATION  16. Social Security No.  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  19. Social Security No.  19. Thomas B. Toomey, Jr., 5611 Washington Bl.  19. Thomas B. Toomey, Jr., 5611 Washingto	(Type or Print) GRACE AGNEW TOOMEY	DEATH: AUGUST 3, 1955				
PROMALE WINTER  (Specify) Widowed February 19, 1881  A USUAL OCCUPATION (Give kind of Job. (KIND OF BUSINESS OR INDUSTRY:  Baltimore, Maryland  11. BIRTHPLACE (State of foreign country): 12. CIVIZEN OF WHAT COUNTRY:  Baltimore, Maryland  14. MOTHER'S MADE:  Thomas A. Agnew  15. MOD DECEASED EVER IN U.S. ANMED FORCEST OR INDUSTRY:  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  11. ACCIDENT WAS UNDERLYING TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST  TO THE DEATH BUT NOT RELATED TO THE OFFINANCE OF INJURY STREET, OR INJURY OCCUR?  11. ACCIDENT WAS UNDERLYING TO THE MODE OF DEATH OF INJURY STREET, OR INJURY OCCUR?  12. ACCIDENT WAS UNDERLYING TO THE WORLD AND THE WORLD STATE OF INJURY OCCUR?  13. THE (MONTH) (Day) (Year) (Hour) 21E, INJURY OCCUR?  14. ACCIDENT WAS UNDERLYING AND DEATH.  15. THE (MONTH) (DAY) (Year) (Hour) 21E, INJURY OCCUR?  WHICH STATES OR CONDITIONS OF OPERATION TO THE DEATH OF INJURY STREET, OR CREMATORY TO THE MODE STATES OF THE M	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE					
DAL LUAL OCCUPATION (Give kind of working bife even (if retired): Housewife men during most of working bife even (if retired): Housewife Mary Industry:  Baltimore, Maryland  I. Mothers Maiden Name:  Mary Ann Martin  17. Informant & Address:  Mary Ann Martin  17. In	Female White (Specify) Widowed Febru	ary 19.1881 7/1 yrs. Months Days Hours Min.				
EVEN IN THE RESIDENT CONDITIONS OF OPERATION  If other significant conditions contributing to the data and death occurred at the strength of t	DA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT				
Thomas A. Agnew  Thomas Agnew  Th	work done during most of working life, or INDUSTRY:					
Thomas A. Agnew  Was deceased Ree in U.S. Armed Forces (e. no. or unk.) (If Yes, give was or dates (for no. or	HOUSEWILE	BRITIMOTO MATYIERO U.S.A.				
To the death but not related to the death of conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the death but not related to the ferther, notify medical examines)  12. I hereby pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of course of pertify that I utended the deceased from the death of the deceased from the deceased f	A LANGER O HAME					
Yes, no, or unk.) of service:  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (B)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH.  10. THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION 198. MAJOR FINDINGS OF OPERATION  11. ACCIDENT WAS UNDERLYING TO THE PRIVATE STREET OF INJURY STREET, office bidg., etc., INJURY OCCUR?  12. I ACCIDENT WAS UNDERLYING HOURS OF DEATH OF INJURY STREET, office bidg., etc., INJURY OCCUR?  13. ACCIDENT WAS UNDERLYING HOURS OF DEATH OF INJURY OCCURRED While Not while Street, office bidg., etc., INJURY OCCUR?  14. ACCIDENT WAS UNDERLYING HOURS OF DEATH OF INJURY OCCURRED While Street, office bidg., etc., INJURY OCCUR?  15. HEREBY SETTIFY THAT INTERDED HOURS OF CEMETERY OR CREMATORY CONTRIBUTION OF SIGNED HAVE S						
INTERVAL BETWEEN  IDEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE LAST  (C)  DISEASE OR CONDITION CAUSE LAST  (C)  AUTOPSY?  YES NO  PARA ACCIDENT WAS UNDERLYING   21s. PLACE (Home, farm, factory, place)   21c. WHERE DID (City or town)   (County) (State)    RECONTRIBUTING   CAUSE OF DEATH   OF INJURY Street, office bidg., etc.   INJURY OCCUR?  FINJURY  22. I hereby sertify that I littended the deceased from the date stated above.  SIGNATORE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town, or county)   State    BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CATION Chy, town		17. INFORMANT & ADDRESS:				
IS. MEDICAL CERTIFICATION  INTERVAL BETWEEN CHARGE  (A)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (C)  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (PA. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY Street, office bidg., etc. INJURY OCCUR?  FINJURY  (C)  DISEASE OR CONDITION CAUSING DEATH.  (C)  OF INJURY STREET, OFFICE OF DEATH OF INJURY STREET, OF INJURY OCCUR?  FINJURY  (C)  DISEASE OR CONDITION CAUSING DEATH.  (C)  DISEASE OR CONDITION CAUSI		Mr. Charles E. Toomey Jr. 5611 Washington Blv				
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  11c. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.  10c. TIME (AUSE OF DEATH OF INJURY Street, office bidg., etc.  10c. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While At work of a live on the stated above.  22. I hereby sertify that I ttended the deceased from the at work of	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	en the previous day				
Ita. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, factory, Recontributing Cause of Death Of Injury street, office bidg., etc. Injury occur?  In a contributing Cause of Death Of Injury street, office bidg., etc. Injury occur?  In a contributing Cause of Death Of Injury street, office bidg., etc. Injury occur?  Injury occur?  Injury occur?  While Not while at work   218. How Did Injury occur?  While at work   219. Not while at work   219.						
ADDRESS  PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County)  PRICONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?  PRICONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?  ID. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work at work at work at work at work.  PRICONTRIBUTING CAUSE OF DEATH OF INJURY OCCUR?  While Not while at work at work at work at work at work.  PRICONTRIBUTING CAUSE OF DEATH OF INJURY OCCUR?  While Not while at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while at work at work at work at work at work at work at work.  PRICONTRIBUTION OCCUR?  While Not while INJURY OCCUR?  While Not work at work	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?				
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  IF EITHER, NOTIFY MEDICAL EXAMINER)  10. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work 21F. How DID INJURY OCCUR?  While Not while 11F. How DID INJURY OCCUR?  While At work 21F. How DID INJURY OCCUR?  While At work 3, 19. I that I last saw the deceased at work at work 3, 19. I that I last saw the deceased alive on SIGNATURE 19. And that death occurred at 8 A.M., from the causes and on the date stated above.  DATE SIGNED  19. And that death occurred at 8 A.M., from the causes and on the date stated above.  DATE SIGNED  19. And that death occurred at 8 A.M., from the causes and on the date stated above.  DATE SIGNED  19. And that death occurred at 8 A.M., from the causes and on the date stated above.  DATE SIGNED  24. STATE OF CEMETERY OF CEMETERY OF CEMETERY DEATH OF CEMETERY Baltimore, Maryland  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR  ADDRESS		YES NO				
While at work   Not will all work   Not while at work   Not while at work   Not while   Not work   Not while at work   Not while at work   Not while   Not work   Not wo	R CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (County) (State)				
alive on 19. and that death occurred at 8 a.M. from the dauses and on the date stated above.  SIGNATURE  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY COCATION (City, town, or county)  Burial  August 5, 1996 Loudon Park Cemetery  Baltimore, Maryland  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	OF INJURY While While at work at work	and a set				
SIGNATURE						
Burial August 5,1956 Loudon Park Cemetery Baltimore, Maryland  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR  ADDRESS  ADDRESS						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (SPECIFY)					
REGISTRAR DIMO 7.4 . P At an Small						
		- im O 7:4 . Part . Sand				

BUREAU V. S.

2361 8 **DUA** 

BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH

7320

2411 N. Charles Street, Baltimere

## CERTIFICATE OF DEATH

Reg. Dist. No. 1.9./

1. PLACE OF DEATH.			2. USUAL BESIDENCE (HOME) OF DECEASED					
COUNTY HOWARD MARYLAND			STATE COUNTY Howard					
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY			CITY (if outside corporate limits, write RURAL and give nearest town)					
OR give nearest town) (In this place) TOWN Ellicott City			II OR	ott City			¥	
HOSPITAL OR			STREET	(If rural, give	location)	_		
STREET ADDRES	SS		ADDRESS				1	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (	Month)	(Day)	(Year)	
(Type or Print)	LAURA	DOLORES	WOOD	OF .	gust	21	1955	
5. SEX		7. SINGLE, MARRIED.	S. DATE OF BIRTH	9. AGE last birthda				
Female	White	WIDOWED, DIVORCED, (Specify) Married	6-23-1901	51 ym	Months	Days	Hours   Min.	
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		CITIZE	N OF WHAT	
	orking life, even if retired)	INDUSTRY NODE				COUNTRY?		
13. FATHER'S NAM		ALOUAS	Raltimore Md					
Geor	ge J. Brookheise	r	Catherine Kelly					
15. WAS DECKASED EV	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS					
	(1f yes, give war or dates of lecrvice)	**	Royden H. Wood		14 tav . Md			
No		None 18. MEDICAL CE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOJ 9 Hou			
			MILION ION			INTERV	AL BETWEEN	
				ONSET	ONSET AND DEATH			
Immediate	~ · · · · ·	areinou of	Stomech			Man.		
tumediate	e cause (a)							
giving rise to	of cause(s) conditions, if any, (b) the above cause inderlying cause inst	with hills	1445	ur bidi dibba barmasının biba i singappar başının sani esiya	) \$100 <b>40</b> \$1 - 11 + 11 ( +4 + e	***************************************	**************************************	
	CANT CONDITIONS sting to the death but not se or condition causing death.							
		NDINGS OF OPERATION				1 20. A1	UTOPSY?	
21. ACCIDENT SUICIDE	(Specify)   PLAC	E (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	Yes /S	TATE)	
SUICIDE HOMICIDE	OF INJUI	E (Home, farm, factory, street, office bidg., etc.)		-0 11117	(0001411)	fe	IAID	
TIME (Month) OF INJURY	(Day) (Year) (Hour) [	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT				
22 I hereby corti	fy that I attended the	deceased from 9- 11-4	1, 19 to P-	21 1011	A T land	- AL -	3	
			- ·	· ·				
signatura	19, and	that death occurred at	ADDRESS from the	causes and on th	e date sta		ove. E SIGNED	
Nary y.	Limbel M.	046054	hunden a	W - 8	· ll	11	A STATE OF THE PARTY OF THE PAR	
REMOVAL (Special Control of Contr	(y) 8-24-55	Loudon Par	k	Baltimore		у)	(State)	
DATE REC'D BY I	101/0	IGNATURE D	24. FUNERAL DIRECTO	)R			RESS	
aug. 202 - 0	5.5 Johne (15	. Lowgheau.	F.C. Higinboth	nom, Ellicott	City,	Md		
1	Per. B.	E. L. d						

LAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLEASE WRITI

BUREAU V. S. THE SE THE